PTO/SB/22 (12-04) **Docket Number (Optional)** ON FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) PP001618.0003 (2300-1618) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Filed December 1, 2000 09/728,423 Application Number **ELICITING HCV-SPECIFIC ANTIBODIES** For M. Hill Examiner Art Unit 1648 This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): **Small Entity Fee** Fee \$60 \$120 One month (37 CFR 1.17(a)(1)) \$450 \$225 Two months (37 CFR 1.17(a)(2)) \$ 1020 \$510 \$1020 Three months (37 CFR 1.17(a)(3)) \$1590 \$795 Four months (37 CFR 1.17(a)(4)) \$1080 \$2160 Five months (37 CFR 1.17(a)(5)) Applicant claims small entity status. See 37 CFR 1.27. A check including the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to . I have enclosed a duplicate copy of this sheet. Deposit Account Number 18-1648 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). attorney or agent of record. Registration Number <u>48,588</u> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _ Signature (510) 923-2969 Jenny Buchbinder Telephone Number Typed or printed name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

forms are submitted.

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